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I hereby appoint:			7
Practitioners associated with the Customer OR	69781		
Practitioner(s) named below (if more then ten practitioners are to be named, then a customer number must be used):			
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act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature of Middle and the supplied below is authorized to act on behalf of the assignee.

Signature William A. Morrison Telephone (812)-934-8649
Title Assistant Secretary

This collection of information is required by 37 CPR 1.3, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (see by the USPTO to process) an application. Confidentiality is governed by 58 USE, 0.7 22 and 37 CPR 1.1 and 1.14. This obtains is estimated to take 3 minutes to complete, including gallening, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual cases, "Any comments on the mount of fire by our period to complete the fire manders application for reducing this bundle, should be seried to the individual cases," Any comments on the meanur of size flow purely to complete the fire manders application for reducing this bundle, should be seried to the Critical Information Officer, US. Peptert and Trademants Office, US. Department of Commence, P.O. Box 1460, Maxandini, VA 22315-1480. DO NOT SERO PEES OR COMMENTED COMMENTS OTT AS ADDRESS. SERVID TC. Comments better for Patients, P. do Not 1450, Maxandini, VA 22315-1480.